

TRANSMITTAL
FORM

to be used for all correspondence
after initial filing)

Application Number	10/706,275
Filing Date	November 13, 2003
First Named Inventor	George H. Lowell
Art Unit	1645
Examiner Name	Nita M. Minnifield
Attorney Docket No.	484112.413



ENCLOSURES (check all that apply)

- ☒ Fee Transmittal Form
☒ Fee Attached
☒ Amendment/Response
☐ After Final
☐ Affidavits/declaration(s)
☒ Extension of Time Request
☐ Express Abandonment Request
☐ Information Disclosure Statement and Transmittal
☐ Cited References
☐ Certified Copy of Priority Document(s)
☐ Response to Missing Parts under 37 CFR 1.52 or 1.53
☐ Response to Missing Parts/Incomplete Application

- ☒ Drawing(s) (12 sheets)
☐ Request for Corrected Filing Receipt
☐ Licensing-related Papers
☐ Petition
☐ Petition to Convert to a Provisional Application
☐ Power of Attorney, Revocation, Change of Correspondence Address
☐ Declaration
☐ Statement under 37 CFR 3.73(b)
☐ Terminal Disclaimer
☐ Request for Refund
☐ CD, Number of CD(s) _____
☐ Landscape Table on CD

- ☐ After Allowance Communication to TC
☐ Appeal Communication to Board of Appeals and Interferences
☐ Appeal Communication to TC (*Appeal Notice, Brief, Reply Brief*)
☐ Proprietary Information
☐ Status Letter
☒ Return Receipt Postcard
☒ Other Enclosure(s) (*please identify below*):
Supplemental ADS
CRF of Sequence Listing:
Paper Copy of Sequence Listing (6 pgs.):
Declaration re Sequence Listing

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Seed Intellectual Property Law Group PLLC	Customer Number	00500
Signature	<i>Mae Joanne Rosok</i>		
Printed Name	Mae Joanne Rosok		
Date	March 9, 2006	Reg. No.	48,903

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature ***SENT VIA EXPRESS MAIL***

Typed or printed name

Date:

Fees pursuant to the Consolidated Appropriations Act, 2005 (P.L. 109-171)

FEE TRANSMITTAL

for FY 2006

Complete if Known

<p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> <p>TOTAL AMOUNT OF PAYMENT (\$530)</p> <p>METHOD OF PAYMENT (check all that apply)</p> <p><input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other (please identify): _____</p> <p><input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>19-1090</u> Deposit Account Name: <u>Seed IP Law Group PLLC</u></p> <p>For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)</p> <p><input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee</p> <p><input type="checkbox"/> Charge any additional fee(s) or underpayments <input checked="" type="checkbox"/> Charge any underpayments or credit any overpayments of fee(s) under 37 CFR 1.16 and 1.17</p> <p>Warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p>	<p>Application Number: 10/706,275</p> <p>Filing Date: November 13, 2003</p> <p>First Named Inventor: George H. Lowell</p> <p>Examiner Name: Nita M. Minnifield</p> <p>Art Unit: 1645</p> <p>Attorney Docket No.: 484112.413</p>
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FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
Total Claims	Extra Claims	Fee (\$)
<u>21</u>	<u>18</u>	<u>1</u> X <u>50</u> = <u>50</u>
HP = highest number of total claims paid for, if greater than 20		<u>360</u>
Indep. Claims	Extra Claims	Fee (\$)
<u>2</u>	<u>-3 or HP =</u>	<u>0</u> X <u>0</u> = <u>0</u>
HP = highest number of independent claims paid for, if greater than 3		<u>0</u>

3. APPLICATION SIZE FEE

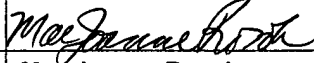
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)) the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ -100 =	_____ /50 =	_____ (round up to a whole number)	x _____	_____

4. OTHER FEE(S)

	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	_____
Other (e.g., late filing surcharge): <u>Petition for One-Month Extension of Time</u>	<u>120</u>

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	48,903	Telephone	206-622-4900	
Name (Print/Type)	Mae Joanne Rosok	Date	March 9, 2006			